



DOLLY PARTON'S IMAGINATION LIBRARY ENROLLMENT FORM

Please Print

1st Preschool Child's Full Name _____

2nd Preschool Child's Full Name _____

Parent/Guardian's Name _____

Address _____

Phone & Email Address _____

Mailing Address for Books (if different)

*This child/children is/are resident(s) of Brooksville,
ME _____
(signature of Parent/Guardian)*

Mail To: Project Read Up! c/o Brooksville Education Foundation, PO Box 277,
Brooksville, ME 04617

Privacy Statement: *All information you provide on this form will be treated confidentially by Project Read Up! and Dolly Parton's Imagination Library.*

